

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA	1. DATE OF INCIDENT 30-APR-2012		TIME 02:51:00	2. ADDRESS OF OCCURRENCE 2356 W 25TH ST CHICAGO, IL 60608			3. LOCATION CODE 303	4. BEAT/OCCUR 1034			
	5. POSITION 9161	6. LAST NAME PANEK	7. FIRST NAME TAMMY M	8. STAR NO. 5455	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 506	12. HT 129	13. WT 506		
	14. DATE OF APPT. 02-MAY-1994	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 010 1033R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
SUBJECT INFORMATION DNA	20. LAST NAME GIVENS	21. FIRST NAME JOHN	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT 507	27. WT 185			
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	34. BY WHOM? DR. [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid								
36. CHARGES PLACED			<input type="checkbox"/> DNA	37. CB NO. 90000000	38. IR NO [REDACTED]	39. DNA [REDACTED]					
REASON FOR USE OF FORCE (Check all that apply) DNA	40. PASSIVE RESISTER		41. ACTIVE RESISTER		42. ASSAULT/ASSAULT		43. ASSAULT/BATTERY		44. ASSAULT/DEADLY FORCE		
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>				
	MEMBER'S RESPONSE		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>				
45. MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLOS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____		46. OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANCOUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Displayed) OTHER _____		47. ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe In Box 40) OTHER _____		48. KNEE STRIKE KICKS IMPACT MUNITION (Describe In Box 40) OTHER _____		49. FIREARM OTHER _____			
50. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			51. ADDITIONAL INFORMATION								
POSITION		STAR NO.	UNIT	52. INCIDENT OCCURRED Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/>							
53. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial		54. WEATHER CONDITIONS CLEAR									
55. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		56. MAKE/MANUFACTURER		57. MODEL		58. BARREL LENGTH		59. CALIBER/GAUGE			
60. TASER DART ID NO.		61. WEAPON SERIAL NO. (Include Letters)		62. CHICAGO GUN REG. NO.		63. IL FIREARM OWNER ID. NO.		64. HANDGUN CERTIFICATE NO.			
65. SPECIAL WEAPON CERTIFICATE NO.		66. PROPERTY INVENTORY NO.		67. TYPE OF AMMUNITION USED		68. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		69. TOTAL NO. OF SHOTS MEMBER FIRED			
70. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		71. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		72. NO. OF CARRIDGES/SHOT SHELLS RELOADED		73. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (W/ST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		74. OTHER (Specify)			
75. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		76. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		77. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		78. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		79. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.			
80. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		81. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		82. DATE REVIEWED 30-APR-2012		83. TIME 14:36:28		84. REVIEWING SUPERVISOR (Print Name) MAJERCZYK, GERARD E			
85. MEMBERS will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
86. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
87. CASE INFO 71. RD NO HV264189											
88. SIGNATURES 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
89. STAR/EMPLOYEE NO. 5455											
90. REVIEWING SUPERVISOR (Print Name) MAJERCZYK, GERARD E											
91. DATE REVIEWED 30-APR-2012											
92. TIME 14:36:28											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
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Subject receiving medical treatment at Mt. Sinai hospital.

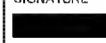
76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Panek did not discharge her weapon.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
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LOG NO./CRNO. 1053667 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) JOHNSON, EDDIE T	SIGNATURE 	DATE COMPLETED 30-APR-2012	TIME 15:19:07
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79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR's THIS EVENT No
<input type="checkbox"/> CASE REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	12
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> TD FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		